

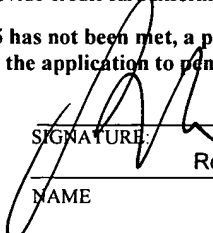
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|--|---|---|---|
| FORM PTO 1390<br>(REV 10-2003)   |   | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>SON-2784                                |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371 |   |   | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/516819</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP03/08228  | INTERNATIONAL FILING DATE<br>27 June 2003 | PRIORITY DATE CLAIMED<br>08 July 2002                   |   |
| TITLE OF INVENTION WAVEFORM GENERATING APPARATUS, WAVEFORM GENERATING METHOD, AND<br>DECODER                               |   |   |   |
| APPLICANT(S) FOR DO/EO/US Chisato Kemmochi, Akira Inoue and Masayuki Nishiguchi  |   |   |   |

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

- ☒ This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
- ☐ This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing 35 U.S.C. 371.
- ☒ This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.
- ☐ The US has been elected (Article 31).
- ☒ A copy of the International Application as filed (35 U.S.C. 371 (c)(2))
  - ☐ is attached hereto (required only if not communicated by the International Bureau).
  - ☒ has been communicated by the International Bureau.
  - ☐ is not required, as the application was filed in the United States Receiving Office (RO/US).
- ☒ An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).
  - ☒ is attached hereto.
  - ☐ has been previously submitted under 35 U.S.C. 154(d)(4).
- ☒ Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))
  - ☐ are attached hereto (required only if not communicated by the International Bureau).
  - ☐ have been communicated by the International Bureau.
  - ☐ have not been made; however, the time limit for making such amendments has NOT expired.
  - ☒ have not been made and will not be made.
- ☐ An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).
- ☐ An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).
- ☐ An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).

**Items 11 to 20 below concern document(s) or information included:**

- ☒ An Information Disclosure Statement under 37 CFR 1.97 and 1.98.
- ☐ An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
- ☐ A preliminary amendment.
- ☒ An Application Data Sheet under 37 CFR 1.76.
- ☐ A substitute specification.
- ☐ A power of attorney and/or change of address letter.
- ☐ A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.
- ☐ A second copy of the published international application under 35 U.S.C. 154(d)(4).
- ☐ A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
- ☒ Other items or information: Notification of Receipt of Record Copy; Notification Concerning Submission or Transmittal of Priority Document; Notice Informing the Applicant of the Communication of the International Application to the Designated Offices

| U.S. APPLICATION NO. <b>10/516819</b><br>INTERNATIONAL APPLICATION NO. <b>PCT/JP03/08228</b><br>ATTORNEY'S DOCKET NUMBER <b>SON-2784</b>   | <b>CALCULATIONS PTO USE ONLY</b> |              |              |                               |        |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
|--|----------------------------------|--------------|--------------|-------------------------------|--------|--|--|--------------|---------|---|------|----|------|--------------------|-------|---|------|----|------|---|--|--|--|---|----|--------------------------------------|--|--|--|----|--------|--|--|--|--|----|--|-------------------|--|--|--|----|--------|--|--|--|--|----|--|-----------------------------|--|--|--|----|--------|---|--|--|--|---|----|------------------------------|--|--|--|----|--------|--|--|--|--|-------------------------------|----|--|--|--|--|-----------------|----|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) – (5)):</b><br><input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$1110.00<br><input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... \$950.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$790.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$750.00<br><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00<br><br><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b> \$ 950.00<br>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)). \$  |                                  |              |              |                               |        |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>11-20 =</td> <td>0</td> <td>x 18</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Independent claims</td> <td>3-3 =</td> <td>0</td> <td>x 88</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$</td> <td>950.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL =</b></td> <td>\$</td> <td>950.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4"><b>TOTAL NATIONAL FEE =</b></td> <td>\$</td> <td>950.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+</td> <td>\$</td> </tr> <tr> <td colspan="4"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$</td> <td>950.00</td> </tr> <tr> <td colspan="4"></td> <td><b>Amount to be refunded:</b></td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td><b>charged:</b></td> <td>\$</td> </tr> </tbody> </table> |                                  | CLAIMS       | NUMBER FILED | NUMBER EXTRA                  | RATE   |  |  | Total claims | 11-20 = | 0 | x 18 | \$ | 0.00 | Independent claims | 3-3 = | 0 | x 88 | \$ | 0.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  |  |  | + | \$ | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ | 950.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | \$ |  | <b>SUBTOTAL =</b> |  |  |  | \$ | 950.00 | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  |  |  | \$ |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$ | 950.00 | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property |  |  |  | + | \$ | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | \$ | 950.00 |  |  |  |  | <b>Amount to be refunded:</b> | \$ |  |  |  |  | <b>charged:</b> | \$ |
| CLAIMS   | NUMBER FILED                     | NUMBER EXTRA | RATE         |                               |        |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| Total claims   | 11-20 =                          | 0            | x 18         | \$                            | 0.00   |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| Independent claims   | 3-3 =                            | 0            | x 88         | \$                            | 0.00   |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |                                  |              |              | +                             | \$     |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |                                  |              |              | \$                            | 950.00 |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |                                  |              |              | \$                            |        |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>SUBTOTAL =</b>  |                                  |              |              | \$                            | 950.00 |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
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| <b>TOTAL NATIONAL FEE =</b>  |                                  |              |              | \$                            | 950.00 |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
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| <b>TOTAL FEES ENCLOSED =</b>   |                                  |              |              | \$                            | 950.00 |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
|  |                                  |              |              | <b>Amount to be refunded:</b> | \$     |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
|  |                                  |              |              | <b>charged:</b>               | \$     |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.<br>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>18-0013</u> in the amount of \$ <u>950.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>18-0013</u> . A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.<br><br><b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b><br><br>SEND ALL CORRESPONDENCE TO:<br>Ronald P. Kananen<br>RADER, FISHMAN & GRAUER PLLC<br>1233 20th Street, N.W.<br>Suite 501<br>Washington, DC 20036<br>(202) 955-3750 –December 7 2004<br>CUSTOMER NUMBER: 23353  |                                  |              |              |                               |        |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |
| SIGNATURE: <br>NAME: <u>Ronald P. Kananen</u><br><br>24,104<br>REGISTRATION NUMBER   |                                  |              |              |                               |        |  |  |              |         |   |      |    |      |                    |       |   |      |    |      |   |  |  |  |   |    |                                      |  |  |  |    |        |  |  |  |  |    |  |                   |  |  |  |    |        |  |  |  |  |    |  |                             |  |  |  |    |        |   |  |  |  |   |    |                              |  |  |  |    |        |  |  |  |  |                               |    |  |  |  |  |                 |    |